

Performance Measures	Targets	2014 Results	2015 Results <sup>1</sup>	2016 Results (preliminary) <sup>2</sup>
All-Payer Hospital Revenue Growth	≤ 3.58% per capita annually	1.47% growth per capita	2.31% growth per capita	0.35% growth per capita
Medicare Savings in Hospital Expenditures	≥ \$330m over 5 years (Lower than national average growth rate from 2013 base year)	\$116m (2.15% below national average growth)	\$135m \$251 cumulative (2.22% below national average growth since 2013)	\$287m \$538m cumulative (5.0% below national average growth since 2013)
Medicare Savings in Total Cost of Care	Lower than the national average growth rate for total cost of care from 2013 base year	\$133m (1.53% below national average growth)	\$80m \$213m cumulative (0.85% below national average growth since 2013)	\$151m \$364m cumulative (1.5% below national average growth since 2013)
All-Payer Quality Improvement Reductions in PPCs under MHAC Program	30% reduction over 5 years	26% reduction	35% reduction since 2013	43% reduction since 2013
Readmissions Reductions for Medicare	≤ National average over 5 years	20% reduction in gap above nation	57% reduction in gap above nation since 2013	76% reduction in gap above nation since 2013
Hospital Revenue to Global or Population-Based	≥ 80% by year 5	95%	96%	100%

<sup>1</sup> 2015 figures for readmissions are preliminary because CMS is evaluating the readmission data after ICD-10.

<sup>2</sup> Preliminary results compare the performance available in calendar year 2016 to the same months in prior year or to the same months in the 2013 base year, these have not been validated by CMS.

- The “Targets” are from the All-Payer Model Agreement, with the exception of the “Medicare Savings in Total Cost of Care” measure, which is a limitation of the Agreement. • For the All Payer Hospital Growth measure, the data is from the HSCRC monthly hospital volume and revenue data. The 2014 and 2015 data are from final reporting submissions to CMS, and the 2016 data is an interim figure.
- The MHAC data is derived from Maryland’s All Payer Hospital Acquired Conditions Program results. The 2014 and 2015 data are from final reporting submissions to CMS, and the 2016 data is an interim figure.

- For the other measures, Maryland calculated the data from CMS monitoring data, which were included in final reports for the applicable years. The 2014 and 2015 figures are final, the 2016 figures are not finalized.
- The table is an update from that seen on page 7 of the Maryland All-Payer Model Progression Plan